US Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1 File Number U - 9325 TN , Tio! | 2. Fiscal Year Covered From |
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| Tili- | 1/1/204 Through 12/3//2004 |
| 3 Name and address of person filing | Name, file number, and address of labor organization. |
| Name Kenneth Show | Name Ltvna 397 |
| | Labor Organization File Number 007-246 |
| P O. Box, Bidg , Room No , if any | P O Box, Building and Room Number, if any |
| Street 5/8 Henry ST | Street 5/8 Henry ST |
| City Edwardsv.)12 | City Zewardso. 11 |
| State DLLineis ZIP Code + 4 61011 | State 5 L L J S ZIP Code + 4 620 L S |
| 5. Position in labor organization A.J. tov | |
| (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
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| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat Name and address of Employer (including trade name, if any) | derived income or other economic benefit of on represents or is actively seeking to represent. 7 a. Nature of Interest, Transaction, or Income. |
| monetary value from an employer whose employees your organizat | ion represents or is actively seeking to represent. |
| 6 Name and address of Employer (including trade name, if any) | ion represents or is actively seeking to represent. |
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| monetary value from an employer whose employees your organizate 8 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O Box, Bidg , Room No., if any Street City ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of | 7 a. Nature of Interest, Transaction, or Income. 7 b. Amount. 7 b. Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the |
| monetary value from an employer whose employees your organizate 6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O Box, Bidg, Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany | 7 a. Nature of Interest, Transaction, or Income. 7 b. Amount. 7 b. Amount. 7 b. Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the |

Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.